

1. Primary Business Name (Fictitious Name if Used)_____
2. Full description of Line 1 business activities: _____
ATTACH ADDITIONAL SHEET, IF NECESSARY, FOR FULL DISCLOSURE
3. Primary Business Address: _____
City _____ State _____ Zip _____ Phone:(____) _____
4. Mailing Address _____
City _____ State _____ Zip _____ Phone:(____) _____
5. Applicant's Name _____ Title _____ Phone:(____) _____
6. Type of Business: Sole Proprietorship Partnership Corporation Fraternal Government Agency
7. Corporations, please indicate your fiscal year: from _____ to _____
8. Federal I.D Number (EIN) or Social Security Number: _____
9. State Resale Permit No.: _____
10. IF APPLICABLE:Health Permit # _____Alcoholic Beverage Permit # _____
11. ***Will the business involve cannabis, any product(s) of cannabis, or anything associated with cannabis? *** Y / N
12. Estimate below the number of employees including owners who will be working in Davis:
PART-TIME EMPLOYEES including owners: _____ **FULL-TIME** EMPLOYEES including owners: _____
13. Business Opening Date: _____ or Estimated Opening Date: _____ Special Event Date _____

14. <u>Ownership and Identification</u> : Enter sole owner or partners or corporate officers, as applicable, and local manager, if any; record each owner/manager driver's license number for identification.			
NAME AND TITLE	HOME ADDRESS, CITY & ZIP	HOME PHONE NUMBER	DRIVER'S LIC. NO.
		()	
		()	
		()	

Line 14 will be used as proof of ownership and for emergency contact purposes.
Check Kind of Business:

	4299	<u>Transportation and Trucking</u> - Owners have the option of computing their business tax under the Miscellaneous tax method or under the Gross Receipts tax method. Owners electing to pay their business tax under the Gross Receipts method will be required to keep a separate accounting for all business done in the City of Davis. If you have elected the <u>Gross Receipts method</u> , please use FORM 754-45 . If you have elected the <u>Miscellaneous Tax method</u> , compute your business license tax in the box to the right:	Registration Tax: No. of vehicles _____x \$120.00 per yr. State Mandated Disability Access & Educations Revolving Fund Total Tax Due:	\$ 10.00 \$ _____ \$ 1.00 \$ _____
	7396	<u>Public Dance Hall or Nightclub</u> [any place where dancing is permitted.] GROUP II GROSS RECEIPTS TAX BRACKET FROM INFORMATION SHEET ATTACHED: _____-_____ State Mandated Disability Access & Educations Revolving Fund:	Gross Receipts Tax from Table: Plus Registration Tax: or Miscellaneous Tax per year: Revolving Fund: Total Tax Due:	\$ _____ \$ 10.00 \$ 200.00 \$ 1.00 \$ _____
	7395	Card Rooms - Any public card room where games of any kind are played with cards. GROUP II GROSS RECEIPTS TAX BRACKET FROM INFORMATION SHEET ATTACHED: _____-_____ Total Number of Tables:_____ State Mandated Disability Access and Educations Revolving Fund:	GROSS RECEIPTS TAX from table: Plus Registration Tax: or First Table Charge per year: Additional Tables: _____ x \$180.00 per year: Revolving Fund Total Tax Due:	\$ _____ \$ 10.00 \$ 600.00 \$ _____ \$ 1.00 \$
	7339D	CIRCUS, CARNIVAL OR OTHER SIMILAR EXHIBITION Number of days_____ State Mandated Disability Access & Educations Revolving Fund:	x \$300.00 Per Day Plus Registration Tax Revolving Fund: Total Tax Due	\$ _____ \$ 10.00 \$ 1.00 \$
	7219	LECTURE OR TRAVELING THEATRICAL PERFORMANCE Number of days_____ State Mandated Disability Access & Educations Revolving Fund	x \$60.00 Per Day Plus Registration Tax Revolving Fund Total Tax Due	\$ _____ \$ 10.00 \$ 1.00 \$ _____

	7390	CONCESSION OR RIDES FOR CHILDREN OR ADULTS OTHER THAN CARNIVAL Number of ride devices:_____	\$120.00 Per Device Plus Registration Tax Revolving Fund Total Tax Due	\$ _____ \$ <u>10.00</u> \$ <u>1.00</u> \$ _____
	7391	BANKRUPT CLOSE-OUT SALES, ETC. Number of days over 30 _____	First 30 Days: x \$30.00 Per Day Plus Registration Tax Revolving Fund Total Tax Due	\$ <u>120.00</u> \$ _____ \$ <u>10.00</u> \$ <u>1.00</u> \$ _____
	5959G	CHRISTMAS TREES, GREENS, CARD SALES OR OTHER SEASONAL ITEMS Season Dates: From _____To _____	Per Year Season Plus Registration Tax Revolving Fund Total Tax Due	\$ <u>60.00</u> \$ <u>10.00</u> \$ <u>1.00</u> \$ <u>71.00</u>
	5938	JUNK DEALERS OR DEALERS IN OLD AND/OR USED ARTICLES State Mandated Disability Access & Educations Revolving Fund:	\$600.00 Per Year * Plus Registration Tax Revolving Fund Total Tax Due	\$ <u>600.00</u> \$ <u>10.00</u> \$ <u>1.00</u> \$ <u>611.00</u>
	5980	OCCASIONAL BAZAAR, CRAFTS FAIR, ETC. Number of days _____ State Mandated Disability Access & Educations Revolving Fund:	x \$30.00 Per Day Plus Registration Tax Revolving Fund Total Tax Due	\$ _____ \$ <u>10.00</u> \$ <u>1.00</u> \$ _____
	5147 or 5147A 5991Aor 5991B	PEDDLERS Number of peddlers of food products, produce or fresh-cut flowers _____ State Mandated Disability Access & Educations Revolving Fund:	x \$150.00 Per Year * OR x \$15.00 Per Day Plus Registration Tax Revolving Fund Total Tax Due	\$ _____ \$ _____ \$ <u>10.00</u> \$ <u>1.00</u> \$ _____
	5418 or 5419	OTHER PEDDLERS AND SOLICITORS Number of peddlers/solicitors of all other products _____ State Mandated Disability Access & Educations Revolving Fund:	x \$450.00 Per Year * OR x \$30.00 Per Day Plus Registration Tax Revolving Fund Total Tax Due	\$ _____ \$ _____ \$ <u>10.00</u> \$ <u>1.00</u> \$ _____
	6123	PAWN BROKERS State Mandated Disability Access & Educations Revolving Fund:	\$600.00 Per Year * Plus Registration Tax Revolving Fund Total Tax Due	\$ <u>600.00</u> \$ <u>10.00</u> \$ <u>1.00</u> \$ <u>611.00</u>

TOTAL MISCELLANEOUS TAX DUE: \$ _____

WORKERS' COMPENSATION DECLARATION WORKERS' COMPENSATION DECLARATION

- I hereby affirm, under penalty of perjury, one of the following declarations:
- I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by Section 3700 of the California Labor Code for the duration of any business activities conducted for which this license is issued.
- I have and will maintain workers' compensation insurance as required by Section 3700 of the California Labor Code for the duration of any business activities conducted for which this license is issued.
- My Workers' Compensation Insurance carrier and policy number are:
- CARRIER: _____ POLICY NUMBER: _____
- I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the California Labor code, I shall forthwith comply with the provisions of Section 3700.
- DATE: _____ Signature: _____

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000, IN ADDITION TO THE COST OF COMPENSATION, DAMAGES, INTEREST, AND ATTORNEY'S FEES, AS PROVIDED FOR IN SECTION 3706 OF THE CALIFORNIA LABOR CODE.

CERTIFICATION: I declare under penalty of perjury that the foregoing is true and complete to the best of my knowledge and belief.

Signature of Applicant: _____ Title: _____